

INCIDENT		1. Agency MVRD		2. Division/Precedent B		3. OR New York State INCIDENT REPORT		4. <input checked="" type="checkbox"/> Crim <input type="checkbox"/> Supp		5. Case No. -		6. Incident No. 13-9571	
		7. Report Day WED		8. Date 03.20.13		9. Report Time 1817		10. Occurred On/From WED 03.20.13		11. Time 1817		12. Day WED	
ASSOCIATED PERSONS		16. Incident Type ASSAULT 2ND		17. Business Name -		18. Weapon(s) HAND GUN		19. Incident Address (Street No., Street Name, Bldg. No., Apt. No.) 215 S. 9TH AV.		20. City, State, Zip (<input checked="" type="checkbox"/> C <input type="checkbox"/> T <input type="checkbox"/> V) MT. VERNON, NY 10550		21. Location Code 6003	
		22. OFF. NO. 1		LAW PL		SECTION 120.05		SUB 2		CL D		CAT F	
VICTIM		23. No. of Victims 1		24. No. of Suspects X		25. Person Type: CO = Complainant OT = Other PI = Person Interviewed FR = Person Reporting WI = Witness RI = Riot Interviewed VI = Victim		26. Victim also complainant <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		27. Date of Birth 10-02-89		28. Age 23	
		29. Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F		30. Race <input type="checkbox"/> White <input checked="" type="checkbox"/> Black <input type="checkbox"/> Other		31. Ethnic <input type="checkbox"/> Hispanic <input type="checkbox"/> Unk. <input checked="" type="checkbox"/> Non-Hispanic		32. Handicap <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		33. Residence Status <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Tourist <input type="checkbox"/> Student <input type="checkbox"/> Commuter <input type="checkbox"/> Military <input type="checkbox"/> Homeless <input type="checkbox"/> Other		34. Victim DID receive information on Victim's Rights and Services pursuant to New York State Law <input type="checkbox"/> YES <input type="checkbox"/> NO	
SUSPECT/ARRESTED PERSON		35. Type/No S		36. Name (Last, First, Middle) RENE, JULIEN		37. Alias/Nickname/Maiden Name (Last, First, Middle) -		38. Apparent Condition <input type="checkbox"/> Impaired Drugs <input type="checkbox"/> Mental Dis <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> Unrestrained Alco <input type="checkbox"/> Int / D <input type="checkbox"/> App Norm		39. Address (Street No., Street Name, Bldg. No., Apt. No., City, State, Zip) 4139 DIGNY AV, BRONX, NY 10466		40. Phone No. 912-704-2905	
		41. Social Security No. -		42. Date of Birth 10-02-89		43. Age 23		44. Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F		45. Race <input type="checkbox"/> White <input checked="" type="checkbox"/> Black <input type="checkbox"/> Other		46. Ethnic <input type="checkbox"/> Hispanic <input type="checkbox"/> Unk. <input checked="" type="checkbox"/> Non-Hispanic	
PROPERTY		47. Skin <input type="checkbox"/> Light <input type="checkbox"/> Dark <input checked="" type="checkbox"/> Unk.		48. Occupation -		49. Height 5'8"		50. Weight 150		51. Hair Black		52. Eyes Dark	
		53. Glasses <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		54. Build <input type="checkbox"/> Small <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Large		55. Employer/School -		56. Address -		57. Scars/Marks/Tattoos (Describe) -		58. Misc. -	
NARRATIVE		59. Weapon(s) Handgun		60. Quantity 3		61. Measure 3"		62. Model -		63. Description SHELL CASINGS		64. Value -	
		65. Vehicle Status 84		66. License Plate No. X		67. State X		68. Exc. Yr. X		69. Plate Type X		70. Value X	
ADMINISTRATIVE		71. Color(s) WHI		72. Towed By -		73. Vehicle Notes PLASTIC BAG IN REAR WINDOW		74. Reporting Officer Signature (include Rank) PO #2124		75. ID No. 1920		76. Supervisor's Signature (include Rank) [Signature]	
		77. Status <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed (if Closed, check box below) <input type="checkbox"/> Unfounded <input type="checkbox"/> Victim Refused to Coop. <input type="checkbox"/> Prox Declined <input type="checkbox"/> Warrant Advised <input type="checkbox"/> CBI <input type="checkbox"/> Juvs - No Custody <input type="checkbox"/> Arrest - Juvs <input type="checkbox"/> Offender Decl <input type="checkbox"/> Unk.		78. Status Date 03.20.13		79. Noted/TOT DET. HUTCHINS #161		80. Pages 1		81. B use cover sheet <input type="checkbox"/>		82. Page 1	